CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

APALACHEE CORRECTIONAL INSTITUTION WEST UNIT

in

Sneads, Florida

on

November 18-21, 2003

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DEMOGRAPHICS

The institution provided the following information in the Pre-survey Questionnaire regarding the West Unit.

INSTITUTIONAL INFORMATION			
Population	**Type**	**Custody Level**	**Medical Level**
Adult	**Male**	**Close**	**3**

Institutional Potential/Actual Workload

West Unit Capacity	**778**	**Current West Unit Census**	**745**
Annex Capacity	**N/A**	**Current Annex Census**	**N/A**
Satellite Unit(s) Capacity	**N/A**	**Current Satellite(s) Census**	**N/A**
Total Capacity	**778**	**Total Current Census**	**745**

Inmates Assigned to Medical/Mental Health Grades

Medical Grade	***1***	***2***	***3***	***4***	***Impaired***	
	333	**346**	**66**	**0**	**0**	
Mental Health Grade (S-Grade)	***Mental Health Outpatient***			***MH Inpatient***		
	1	***2***	***3***	***4***	***5***	***Impaired***
	338	**45**	**353**	**0**	**0**	**0**

Inmates Assigned to Special Housing Status

Confinement/ Close Management	***DC/AC***	***PM***	***CM3***	***CM2***	***CM1***
	28	**1**	**N/A**	**N/A**	**N/A**

OVERVIEW

The Correctional Medical Authority conducted a thorough review of the medical, mental health and dental systems at Apalachee Correctional Institution (APACI) West Unit. Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

Physical Health Findings
A thorough review of the physical health-related systems in place at APACI - West, including the physical plant, administrative processes, and the provision and documentation of care revealed 15 findings requiring correction by institutional staff. No *significant* negative trends regarding clinical care were identified.

Mental Health Findings
Mental health services at APACI - West suffered from extremely high caseloads. As a result, a number of required services were not provided, other services were delayed, and documentation was not completed or delayed. The staff prioritized their work to meet the most immediate needs first, but other necessary services were lacking. Staff enjoyed a positive working relationship with physical health personnel and with security staff. Management responsibilities were challenged in that the senior psychologist also carried a caseload to help diminish the workload of his staff.

Department Findings
In addition to the findings referenced above, other areas of concern were noted. These findings may be based on standards adopted by the CMA, and may not be addressed in OHS policy, procedure or directive. Or, they may be based on issues beyond institutional control and require intervention at the department level. The department should submit a separate corrective action plan for these findings.

Exit Conference and Final Report
At the conclusion of the survey, an exit conference was held with institutional personnel to discuss preliminary survey results. The findings and final conclusions presented in the physical health and mental health sections of this report are a result of further analysis of the information collected during the survey. The suggested corrective actions(s) included in this report should not be construed as the only action required to demonstrate correction, but should be viewed as a guide for developing a corrective action plan. Where recommended corrective actions suggest in-service training, a copy of the curriculum and attendance roster should be included in the corrective action plan files. Additionally, evidence of appropriate monitoring should be included in the files for each finding. Monitoring by a clinician peer must be documented by a monthly compilation of the following:

1) The criteria/finding being reviewed;

2) The inmate names and DC numbers corresponding to the charts (medical records) reviewed;

3) An indication of whether or not the criteria/finding was met for each chart reviewed;

4) The percentage of charts reviewed each month that complied with the criteria;

5) Supporting documentation consisting of copies of the relevant sections reviewed from the sampled charts.

SUMMARY OF INSTITUTIONAL SCORES

The goal of the survey is to determine if the administration of the medical unit and the provision of care at the institution are consistent with medical, dental and mental health care standards of care established by the CMA and with prevailing professional practice standards. For a detailed description of the survey goals and processes refer to the "Survey Process" section of this report. The following table lists the results of the systems and record reviews conducted during the survey of the West Unit.

Area of Review			Score* Systems	Score* Clinical
PHYSICAL HEALTH	**Episodic Care**	Episodic Care Systems	100	
		Emergency Care		100
		Episodic Care Follow-Up		100
		Infirmary Care		92
		Sick Call		90
	Chronic Care	Asthma/Pulmonary Clinic		99
		Diabetes Clinic		94
		General Medicine Clinic		100
		Hypertension Clinic		99
		Immunity Clinic		97
		Seizure Clinic		100
		Tuberculosis/INH Clinic		98
	Preventative Care		100	100
	Dental Care		95	91
	Mortality Review		100	100
	Other	Administrative Processes	95	
		Consultation Requests	100	98
		Food Services	95	
		Infection Control	100	
		Intake Process (Reception)	N/A	N/A
		Intrasystem Transfers	100	98
		Medical Area and Inmate Housing	98	
		Medication Administration	100	84
		OBIS-Health Record Content	91	93
		Pharmacy Services	100	
		Quality Management	100	

Area of Review			Area Score
MENTAL HEALTH		Mental Health Systems	77
		Access to Mental Health Services	95
		Inpatient Mental Health Services	N/A
		Intellectual Functioning	69
		Outpatient Mental Health Services	85
		Psychiatric Restraints	N/A
		Psychotropic Medication Practices	94
		Reception/Intake Process	N/A
	Self-Injury/Suicide Prevention	23-hour MH Observation	N/A
		SOS Status	79
		Other Self-injury Prevention Status	N/A
		Sexual Offender Services	80
		Special Housing	80
		Use of Force	63

*Shaded Area: No survey instrument for the applicable area. NA: No applicable files at the institution.

PHYSICAL HEALTH FINDINGS

Survey Results
The following areas of review resulted in findings requiring corrective actions by institutional staff of the West Unit.

CLINICAL

Records Reviewed: 3	INFIRMARY CARE — Record Review Score: 92
Finding(s)	**Suggested Corrective Action(s)**
PH-1: An order documented in one infirmary record by a registered nurse during a weekend day was not identified in the record as a "telephone order". **PH-2: One record lacked evidence in the nursing admission note of patient education, to include orientation to the infirmary.**	Provide inservice training to applicable staff. Monitor at least five infirmary records per month (or 100% of available records if less than five are available) to ensure appropriate documentation of telephone orders and required documentation of patient education, including orientation to the infirmary. Continue monitoring until closure is affirmed through the CMA CAP process.

Discussion: Only three infirmary records were available for review; one actual infirmary admission and two isolation cell admissions to rule out tuberculosis. One finding from above was noted in the actual infirmary admission; one finding from the records of the isolation cell admission.

Records Reviewed: 10	DENTAL — Record Review Score: 91
Finding(s)	**Suggested Corrective Action(s)**
PH-3: Three records lacked documentation that a complete regional head and neck examination (soft tissue/oral cancer) was conducted at the most recent periodic examination or at the initiation of the most recent treatment plan, whichever was later. **PH-4: Two records lacked complete and accurate documentation of dental findings.** **PH-5: Two records lacked evidence of documentation of dental materials used and the type and amount of anesthesia agent used.** **PH-6: Four records lacked evidence of documentation of post treatment/operative instructions.**	Provide inservice training to applicable staff. Initiate a monitoring plan in which at least five records are reviewed per month to ensure all required elements as described in the findings are documented. Continue monitoring until closure is affirmed through the CMA CAP process.

Records Reviewed: 10	MEDICATION ADMINISTRATION	Record Review Score: 84

Finding(s)	Suggested Corrective Action(s)
PH-7: In seven records, the route of administration was not clearly documented. **PH-8: In three records, medication orders did not reflect the time the order was written.** **PH-9: In two records, medication orders were not transcribed by the end of the shift during which they were written.** **PH-10: In two records, the medication administration record (MAR) did not accurately reflect allergies.**	Provide inservice training to applicable staff. Initiate a monitoring plan in which at least five records and the corresponding MARs are reviewed per month to ensure all required elements as described in the findings are documented. Continue monitoring until closure is affirmed through the CMA CAP process.

Records Reviewed: 10	OFFENDER BASED INFORMATION SYSTEM (OBIS)	Record Review Score: 91

Finding(s)	Suggested Corrective Action(s)
PH-11: In three records, the 'PULHESDXTI" index listed in the medical record did not match that reflected in OBIS. **PH-12: In three cases, the medical contacts listed in OBIS did not match the medical contacts reflected on the Chronological Record of Health Care in the medical record.** **PH-13: In four cases, the laboratory tests and results listed in OBIS did not match those filed in the medical record.**	Provide inservice training to applicable staff. Initiate a monitoring plan in which at least five records are reviewed per month to ensure all required elements as described in the findings are documented. Continue monitoring until closure is affirmed through the CMA CAP process.

ADMINISTRATIVE

Records Reviewed: N/A	DENTAL	System Review Score: 95

Finding(s)	Suggested Corrective Action(s)
PH-14: Preventative dentistry/oral hygiene posters and/or plaques were not displayed in the dental clinic.	Post required signage.

Records Reviewed N/A	MEDICAL AREA and INMATE HOUSING	Record Review Score 98

Finding(s)	Suggested Corrective Action(s)
PH-15: Appropriate signage was not present indicating the health care area is a doctor's office, pursuant to 64B8, F.A.C.	Post appropriate signage.

The following areas of review resulted in no significant negative system or record review problems.

System Reviews

- Consultation Requests
- Emergency Care
- Episodic Care Follow-up
- Infection Control
- Infirmary
- Intrasystem Transfers
- Mortality Review
- Preventative Care
- Quality Management

Record Reviews

- Asthma/Pulmonary Clinic
- Consultation Requests
- Diabetes Clinic
- Emergency Care
- Episodic Care Follow-up
- General Medicine Clinic
- Hypertension Clinic
- Immunodeficiency Clinic
- Intrasystem Transfers
- Mortality
- Preventative Care
- Seizure Clinic
- Sick Call
- Tuberculosis/INH Therapy Clinic

CONCLUSION

The physical health survey of Apalachee Correctional Institution – West Unit revealed that, with only a few exceptions, the provision of health care was adequate and consistent with expected and required standards. Only four clinical findings were enumerated in this report, representing relatively minor departures from Correctional Medical Authority and Department of Correction's standards, or with prevailing practice standards generally accepted in the community at large. Administrative issues identified, although more numerous, were also generally minor in nature and easily remedied.

MENTAL HEALTH FINDINGS

Description of Mental Health Department

The mental health department at Apalachee CI - West Unit consisted of one psychiatrist, one senior psychologist, three psychological specialists, one registered nurse, and one clerk typist. The psychiatrist position was staffed using locum tenens psychiatrists, which resulted in frequent personnel changes. The other mental health staff positions were filled at the time of the survey. The West Unit served as a receiving unit for inmates transferred to APACI from other institutions, which created additional orientation and transfer assessment responsibilities beyond the standard mental health functions.

Strengths

- Staff appeared to be dedicated despite high caseloads.
- Mental health and security staff were experienced and had positive working relationships.
- Psychological emergency care was timely and responsive.

Survey Results

The following areas of review resulted in findings requiring attention or corrective action on the West Unit.

Records Reviewed: 7	INTELLECTUAL FUNCTIONING — Area Score: 69
Finding(s)	**Suggested Corrective Action(s)**
MH-1: ▪ **Required intelligence testing was not completed in three of seven reviewed records.** ▪ **Staff was unable to locate the psychological testing record for an inmate with a beta IQ of 61.** ▪ **One of 7 inmates reviewed was within 180 days of release. There was no evidence of pre-release planning for the inmate, scheduled for release within 90 days.**	Provide inservice training on the need to fully assess the adjustment of all inmates whose IQ scores fall below 70. Create a tracking system to identify inmates in need of assessment upon intake at the institution and within 180 days of release. Monitor a minimum of five West Unit inmates from the previous month's admissions to ensure appropriate screening has been provided. Continue monitoring until closure is affirmed through the CMA Corrective Action Plan (CAP) assessment.

Records Reviewed: 18	OUTPATIENT MENTAL HEALTH SERVICES — Records Score: 85
Finding(s)	**Suggested Corrective Action(s)**
MH-2: Therapy groups had not been offered in the previous 12 months.	Allocate sufficient mental health staff to provide needed therapy groups.
MH-3: Individualized Service Plans (ISPs) were not consistently completed in a timely manner.	Allocate sufficient mental health staff to conduct ISP activities in a timely and congruent manner.

Records Reviewed: 18	OUTPATIENT MENTAL HEALTH SERVICES	Records Score 85

Finding(s)	Suggested Corrective Action(s)
Service plan coordination by mental health staff was negligible, as evidenced by lapses up to three weeks between signature dates.	Monitor a minimum of five records per month. Continue monitoring until closure is affirmed through the CMA CAP assessment.
MH-4: Biopsychosocial Assessments (BPSAs) were not consistently completed or updated in a timely manner.	Allocate sufficient mental health staff to facilitate timely mental health assessment activities. Monitor a minimum of five records per month. Continue monitoring until closure is affirmed through the CMA CAP assessment.
MH-5: Psychiatric staff did not consistently see newly arriving S3 inmates within 10-day timeframes, as established by policy.	Ensure sufficient psychiatric coverage to conduct assessment and evaluation activities in a timely manner. Monitor a minimum of five records per month. Continue monitoring until closure is affirmed through the CMA CAP assessment.
MH-6: Mental health problems were not consistently recorded on the problem list.	Provide inservice training to mental health staff regarding problem list entries. Monitor a minimum of five records per month. Continue monitoring until closure is affirmed through the CMA CAP assessment.
MH-7: Aftercare planning documentation efforts were not consistently found in records of inmates within 180 days of release.	Allocate sufficient mental health staff to facilitate timely aftercare coordination activities for S2 and S3 inmates. Monitor a minimum of five records per month. Continue monitoring until closure is affirmed through the CMA CAP assessment.

Discussion: Mental Health Orientation for Inmates
Documentation of orientation to mental health services by mental health staff was not routinely recorded in the medical records. However, one psychological specialist regularly conducted orientation. Past practice had allowed for the senior psychologist to document completion of orientation when he subsequently reviewed the records. The recent change in senior psychologists resulted in a lapse in that process. Staff stated that they would begin documentation of orientation as required.

Discussion: MH-7
Nine of 13 reviewed S2 and S3 records were for inmates within 180 days of release. Four of the nine lacked indicated release planning or signed inmate refusals for planning. One inmate, scheduled for release within two weeks, expressed complaints and feelings of hostility regarding a staff member's refusal to pursue community mental health aftercare arrangements. The case was referred to the Senior Psychologist for review.

Records Reviewed: 14	PSYCHOTROPIC MEDICATION PRACTICES	Records Score: 94

Finding(s)	Suggested Corrective Action(s)
MH-8: Concerns were identified regarding informed consent forms for psychotropic medications: **MH-8: (cntd)** ▪ **Outdated medication consent forms did not provide information concerning medication-specific side effects.** ▪ **Two records lacked signed informed consent forms.** ▪ **One record had consent forms that were signed every two years rather than annually.**	Secure and implement the use of current departmental informed consent forms. Provide inservice training to staff regarding informed consent procedures and current departmental forms for psychotropic medications. Monitor a minimum of five applicable records per month for appropriate consent forms, timeliness and required signatures. Continue monitoring until closure is affirmed through the CMA CAP assessment.
MH-9: Annual physical health appraisals were not consistently documented in 5 of 14 reviewed psychotropic medication records.	Provide inservice training to applicable staff regarding the requirements and procedures for arranging annual physical health appraisals for inmates receiving psychotropic medications. Monitor a minimum of five records per month. Continue monitoring until closure is affirmed through the CMA CAP assessment.

Records Reviewed:		SELF-INJURY / SUICIDE PREVENTION	Records Score
23-hr	0		
SOS	10		79
Other	0		

Finding(s)	Suggested Corrective Action(s)
MH-10: Inmates placed in Suicide Observation Status (SOS) were not observed at the frequency ordered by the admitting physician.	Provide inservice training to staff regarding the requirements for documenting SOS observation. Monitor a minimum of five SOS records per month. Continue monitoring until closure is affirmed through the CMA CAP assessment.
MH-11: Documentation of daily mental health staff contact was not found in 6 of 10 SOS records.	Provide inservice training to staff regarding the requirements for documenting daily mental health contacts for inmates in SOS. Monitor a minimum of five SOS records per month. Continue monitoring until closure is affirmed through the CMA CAP assessment.
MH-12: Post-discharge follow-up for inmates released from SOS housing	Provide inservice training to staff regarding the requirements for follow-up contact for inmates

Records Reviewed:		SELF-INJURY / SUICIDE PREVENTION	Records Score
23-hr	0		
SOS	10		79
Other	0		

Finding(s)	Suggested Corrective Action(s)
was not completed within established timeframes in 5 of 10 records.	released from SOS housing. Monitor a minimum of five SOS records per month. Continue monitoring until closure is affirmed through the CMA CAP assessment.

Records Reviewed:	SEX OFFENDER SERVICES	Records Score
10		80

Finding(s)	Suggested Corrective Action(s)
MH-13: There were no sex offender treatment services offered.	Maintain a waiting list of inmates in need of sex offender services. Allocate sufficient mental health staff to facilitate provision of necessary therapy services.

Records Reviewed:	SPECIAL HOUSING	Records Score
9		80

Finding(s)	Suggested Corrective Action(s)
MH-14: Pre-Confinement Physicals, form DC4-769, lacked documentation of psychotropic medications in 4 of 9 records.	Provide inservice training to applicable staff regarding documentation requirements for Pre-Confinement Physicals, form DC4-769. Monitor a minimum of five special housing records per month for documentation. Continue monitoring until closure is affirmed through the CMA CAP assessment.
MH-15: Initial mental status examinations for inmates placed in special housing were not completed and documented in a timely manner.	Provide inservice training to staff regarding timeliness and documentation requirements for special housing mental status examinations. Monitor a minimum of five special housing records per month for required documentation. Continue monitoring until closure is affirmed through the CMA CAP assessment.

Records Reviewed:	USE OF FORCE	Records Score
4		63

Finding(s)	Suggested Corrective Action(s)
MH-16: There were no physical health staff referrals to the mental health program for S2 and S3 inmates	Provide inservice training to nursing staff regarding requirements for completing written referrals to mental health staff following uses of force with S2 and S3

Records Reviewed: 4	USE OF FORCE	Records Score 63

Finding(s)	Suggested Corrective Action(s)
following use of force events.	inmates. Monitor a minimum of five records per month for required documentation. Continue monitoring until closure is affirmed through the CMA CAP assessment.

OTHER ADMINISTRATIVE ISSUES

Finding(s)	Suggested Corrective Action(s)
MH-17: Excessively large caseloads contributed to the inability of mental health staff to complete their assigned responsibilities as required.	Assess the impact of caseload responsibilities. Ascertain the minimum number of work-hours needed to comply with departmental standards for service delivery and documentation for the inmate population at APACI-West. Ensure the provision of sufficient mental health staff coverage to comply with service delivery and documentation requirements.

Discussion: MH-17
Caseloads for mental health staff have steadily risen to the point that the existing staff was unable to perform the responsibilities of their positions. The senior psychologist carried a caseload of 25 S3 inmates to help alleviate the problem. Efforts to cover staffing gaps were evident in delayed interventions, uncompleted documentation, and omission of basic mental health services. Caseloads increased by 17% in the six-month period preceding the survey. At the time of the survey, S3 caseloads alone averaged 126. Combined, S3 and S2 caseloads averaged 140. Additionally, the West Unit served as APACI's receiving unit for intrasystem transfers, which resulted in a significant increase in service planning and assessment duties.

Discussion: OBIS Scheduling
The psychiatric registered nurse stated that APACI - West averaged 20 psychiatric reviews and/or consults per day. She noted that from time to time psychiatric appointments entered into OBIS sporadically disappear from the electronic system. The nurse advised that the only dependable manner to monitor and manage such appointments was to manually log and track them.

The following areas of review resulted in no significant problems.

- Psychiatric Restraint

CONCLUSION

For several years, APACI has been one of Florida's most complex institutions. Mental health care is provided to half of the institution's inmate population. Service delivery covers two separate units, each large enough to be considered its own institution. As a result the CMA approached the survey process by separating the two units, surveying with two teams, and producing two reports.

Mental health staff at APACI - West appeared to work well together. There were positive working relationships with physical health staff and security staff. High caseloads were noted, averaging 126 S3 and 14 S2 inmates per psychological specialist. Two psychological specialist positions were scheduled for transfer to APACI. However, nearly 300 new beds were to also come online over the next few months, negating the relief provided by those two anticipated staff positions. Nearly half of the inmate population at APACI was designated as S3. Caseload demands created gaps in the continuum of care and an inability to provide services mandated for an institution charged with providing a full range of outpatient mental health care. The use of locum tenens psychiatric services also compromised continuity of care in providing services to a very challenging population. Concerns were noted regarding the use of inappropriate informed consent forms for psychotropic medication and failure to ensure the provision of annual physical health appraisals for inmates receiving psychotropic medication.

DEPARTMENT FINDINGS

In addition to the findings referenced previously in this report, several other areas of concern were noted. These findings are beyond the scope of the institution to correct. These findings may be based on standards adopted by the CMA, but not addressed in department policy, procedure or directive. Or, they may be based on other issues beyond institutional control. Therefore, the department must initiate corrective action.

PHYSICAL HEALTH

DIABETES CLINIC

Finding(s)

Dept-1: None of the eight records reviewed contained evidence of annual testing for microalbumenia.

ADMINISTRATIVE

Finding(s)

Dept-2: Exercise was not offered for inmates in special housing (administrative and disciplinary confinement and protective custody) consistent with a one hour per day, outside the cell, five days per week schedule.

Dept-3: There was no policy prohibiting medical staff from participating in gathering forensic information and participating in body cavity searches for forensic purposes.

FOOD SERVICE

Finding(s)

Dept-4: Food service facility staff were unable to provide written Aramark procedures that address actions to be taken in a suspected food borne illness outbreak.

MENTAL HEALTH

ADMINISTRATIVE

Finding(s)

Dept-5: Staffing allocations for mental health services at APACI-West were inadequate to ensure the provision of care that met identified needs of the inmate population.

ADMINISTRATIVE

Finding(s)

Dept-6: Reliance upon locum tenens psychiatric coverage adversely impacted continuity of care and diminished interdisciplinary coordination.

SELF-INJURY / SUICIDE PREVENTION

Finding(s)

Dept-7: Observation for self-injury prevention events was not ordered at a maximum of 15-minute intervals.

SURVEY PROCESS

The goals of every survey performed by the CMA are

(1) to determine if the physical, dental and mental health care provided to inmates in all state public and privately operated correctional institutions is consistent with state and federal law, conforms to standards developed by the CMA, is consistent with the standards of care generally accepted in the professional health care community at large;
(2) to promote ongoing improvement in the correctional system of health services; and,
(3) to assist the Department of Corrections in identifying mechanisms to provide cost effective health care to inmates.

To achieve these goals, specific criteria designed to evaluate inmate care and treatment in terms of effectiveness and fulfillment of statutory responsibility are measured. They include determining:

- If inmates have adequate access to medical and dental health screening and evaluation and to ongoing preventative and primary health care.
- If inmates receive adequate and appropriate mental health screening, evaluation and classification.
- If inmates receive complete and timely orientation on how to access physical, dental and mental health services.
- If inmates have adequate access to medical and dental treatment that results in the remission of symptoms or in improved functioning.
- If inmates receive adequate mental health treatment that results in or is consistent with the remission of symptoms, improved functioning relative to their current environment, and reintegration into the general prison population as appropriate.
- If inmates receive and benefit from safe and effective medication, laboratory, radiology, and dental practices and have access to timely and appropriate referral and consultation services.
- If psychotropic medication practices are safe and effective.
- If inmates are free from the inappropriate use of restrictive control procedures.
- If sufficient documentation exists to provide a clear picture of the inmate's care and treatment.
- If there are sufficient numbers of qualified staff to provide adequate treatment.

To meet these objectives, the CMA contracts with a variety of licensed community and public health care practitioners, such as physicians, psychiatrists, dentists, nurses, psychologists and social workers. The survey process includes a review of the physical, dental and mental health systems; specifically, the existence and application of written policies and procedures, staff credentials, staff training, confinement practices, and a myriad of additional administrative issues. Individual case reviews are also conducted. The cases selected for review are representative of inmates who are receiving mental and/or physical health services (or who are eligible to receive such services).

Conclusions drawn by members of the survey team are based on several methods of evidence collection:

- ♦ Physical evidence – direct observation by members of the survey team (tours and observation of evaluation/treatment encounters)
- ♦ Testimonial evidence – obtained through staff and inmate interviews (and substantiated through investigation)
- ♦ Documentary evidence – obtained through reviews of medical/dental records, service/treatment plans, schedules, logs, administrative reports, physician orders, medication administration reports, meeting minutes, training records, etc)

- Analytical evidence – developed by comparative and deductive analysis from several pieces of evidence gathered by the surveyor

Administrative (system) reviews generally measure whether the institution has policies in place to guide and direct responsible institutional personnel in the performance of their duties and if those policies are being followed. Clinical reviews of selected inmate medical, dental and mental health records measure if the care provided to inmates meets the statutorily mandated standard. Encounters of an episodic nature, such as sick call, an emergency, an infirmary admission, restraints or a suicide episode, as well as encounters related to a long-term chronic illness or on-going mental health treatment are also reviewed. Efforts are also made to confirm that administrative documentation, i.e., logs, consultation requests, medication administration reports, etc. coincides with clinical documentation.

Findings identified as a result of the survey may arise from a single event or from a trend of similar events. They may also involve past or present events that either had or may have the potential of compromising inmate health care. All findings identified in the body of the report under the physical or mental health sections require corrective action by institutional staff. Findings identified in the department section require corrective action by central office security or program area staff.